

# Drake University Club \_\_\_\_\_ Competition Waiver Form

I am an adult and have decided to participate in the Drake club competition and associated activities. My participation is wholly voluntary. In consideration of Drake University's agreement to permit me to participate in the Drake club competition and associated activities, I agree as follows:

1. I recognize and acknowledge that Drake University does not carry health or hospital insurance that would provide insurance coverage for me in the event I should sustain an injury while participating in the Drake Club competition and associated activities. **In the event of my injury, I authorize the Drake University representative to secure whatever treatment is deemed necessary by an attending physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.**
  
2. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release, forever discharge and agree to defend, indemnify and hold harmless Drake University and its employees, agents, officers, trustees and representatives from and against any and all liability whatsoever (including all liability arising directly or indirectly from the negligence of Drake University or its employees, agents, officers, trustees or representative) for any and all damages, losses or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses, costs, and attorneys fees, which arise out of, result from, occur during or are in any way connected , directly or indirectly, to my participation in the Drake club competition or associated activities and any travel incident thereto.
  
3. I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Team Name: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

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